



## **Application Data Sheet**

### **Application Information**

Application number::	10/692,474
Filing Date::	10/22/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	IMPLANTABLE MEDICAL DEVICES USING ZINC
Attorney Docket Number::	020154-001210US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Philippines  
Status:: Full Capacity  
Given Name:: Pamela  
Middle Name::  
Family Name:: Cifra  
Name Suffix::  
City of Residence:: Hillsborough  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 6915 Skyline Blvd.  
City of Mailing Address:: Hillsborough  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: D.  
Family Name:: Dake  
Name Suffix:: M.D.  
City of Residence:: Stanford  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 665 Gerona  
City of Mailing Address:: Stanford  
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94305

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Christopher

Middle Name::

Family Name:: Elkins

Name Suffix:: Ph.D.

City of Residence:: Redwood City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1021 Woodside Ave.

City of Mailing Address:: Redwood City

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94061

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jacob

Middle Name:: M.

Family Name:: Waugh

Name Suffix:: M.D.

City of Residence:: Palo Alto

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 4020 El Camino Real, #2204

City of Mailing Address:: Palo Alto

State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94306

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/421,336	10/25/02
10/692,474	An Appn claiming benefit under 35 USC 119(e) of	60/421,278	10/25/02

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name:: Essentia Biosystems, Inc.  
Street of mailing address:: 1928B Old Middlefield Way  
City of mailing address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94043